

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**or **Fax** (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

32615 7590 09/13/2005

**OSHA LIANG L.L.P./SUN  
1221 MCKINNEY, SUITE 2800  
HOUSTON, TX 77010**

12/05/2005 WABDEL3 00000022 09943209

|            |            |
|------------|------------|
| 01 FC:1501 | 1400.00 OP |
| 02 FC:1504 | 300.00 OP  |
| 03 FC:8001 | 6.00 OP    |

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|  |                    |
|--|--------------------|
|  | (Depositor's name) |
|  | (Signature)        |
|  | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.   | CONFIRMATION NO. |
|-----------------|-------------|----------------------|-----------------------|------------------|
| 09/943,209      | 08/29/2001  | William K. Lam       | 0007056-0186/P5729/KO | 8850             |

TITLE OF INVENTION: METHOD AND APPARATUS FOR AUTOMATICALLY ISOLATING MINIMAL DISTINGUISHING STIMULI IN DESIGN VERIFICATION AND SOFTWARE DEVELOPMENT

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 12/13/2005 |

| EXAMINER   | ART UNIT | CLASS-SUBCLASS |
|------------|----------|----------------|
| VU, TUAN A | 2193     | 717-124000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Osha Liang LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SUN MICROSYSTEMS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 2

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date December 1, 2005

Typed or printed name

Robert P. Lord

Registration No. 46,479

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV710215420US, in an envelope addressed to: MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 1, 2005

Signature:

*Debra V. Wieser*  
(Debra V. Wieser)

Docket No.: 16159/062002; P5729  
(PATENT)



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
William K. Lam et al.

Confirmation No.: 8850

Application No.: 09/943,209

Group Art Unit: 2193

Filed: August 29, 2001

Examiner: T. A. Vu

For: METHOD AND APPARATUS FOR  
AUTOMATICALLY ISOLATING MINIMAL  
DISTINGUISHING STIMULI IN DESIGN  
VERIFICATION AND SOFTWARE  
DEVELOPMENT

**32615**  
PATENT TRADEMARK OFFICE

**TRANSMITTAL LETTER**

MS Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Transmittal Letter (2 pages);
2. Fee Transmittal (1 page);
3. Part B - Fee(s) Transmittal (1 page);
4. Payment by credit card; Form PTO-2038 attached (1 page); charge \$1,706.00 to credit card;

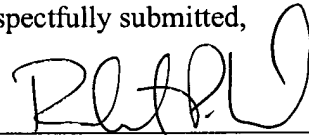
5. Certificate of Express Mailing (1 page); and
6. Return Receipt Postcard.

Please charge our Credit Card in the amount of \$1,706.00 covering the required fees. Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0591, under Order No. 16159/062002; P5729.

Dated: December 1, 2005

Respectfully submitted,

By



Robert P. Lord

Registration No.: 46,479

OSHA · LIANG LLP

1221 McKinney St., Suite 2800

Houston, Texas 77010

(713) 228-8600



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                                                                    |  |                          |                        |                     |
|------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|------------------------|---------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b><br><br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |                        |                     |
|                                                                                                                                    |  | Application Number       | 09/943,209-Conf. #8850 |                     |
|                                                                                                                                    |  | Filing Date              | August 29, 2001        |                     |
|                                                                                                                                    |  | First Named Inventor     | William K. Lam         |                     |
|                                                                                                                                    |  | Examiner Name            | T. A. Vu <b>32615</b>  |                     |
| TOTAL AMOUNT OF PAYMENT (\$)                                                                                                       |  | 1,706.00                 | Attorney Docket No.    | 16159/062002; P5729 |

|                                                                                                                       |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT (check all that apply)</b>                                                                       |                                                                                   |
| <input type="checkbox"/> Check                                                                                        | <input checked="" type="checkbox"/> Credit Card                                   |
| <input type="checkbox"/> Money Order                                                                                  | <input type="checkbox"/> None                                                     |
| <input type="checkbox"/> Other (please identify): _____                                                               |                                                                                   |
| <input checked="" type="checkbox"/> Deposit Account                                                                   | Deposit Account Number: 50-0591 Deposit Account Name: Osha - Liang LLP            |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |                                                                                   |
| <input type="checkbox"/> Charge fee(s) indicated below                                                                | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |              |                                                  |               |              |                           |                |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|---------------|--------------|---------------------------|----------------|----------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |              |                                                  |               |              |                           |                |                |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |              |                                                  |               |              |                           |                |                |
| Application Type                                                                                                                                                                                                                                                                                                  | Fee (\$)     | Small Entity                                     | Fee (\$)      | Small Entity | Fee (\$)                  | Small Entity   | Fees Paid (\$) |
|                                                                                                                                                                                                                                                                                                                   |              | Fee (\$)                                         |               | Fee (\$)     |                           | Fee (\$)       |                |
| Utility                                                                                                                                                                                                                                                                                                           | 300          | 150                                              | 500           | 250          | 200                       | 100            |                |
| Design                                                                                                                                                                                                                                                                                                            | 200          | 100                                              | 100           | 50           | 130                       | 65             |                |
| Plant                                                                                                                                                                                                                                                                                                             | 200          | 100                                              | 300           | 150          | 160                       | 80             |                |
| Reissue                                                                                                                                                                                                                                                                                                           | 300          | 150                                              | 500           | 250          | 600                       | 300            |                |
| Provisional                                                                                                                                                                                                                                                                                                       | 200          | 100                                              | 0             | 0            | 0                         | 0              |                |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |              |                                                  |               |              |                           |                |                |
|                                                                                                                                                                                                                                                                                                                   |              |                                                  |               |              |                           | Small Entity   |                |
| Fee Description                                                                                                                                                                                                                                                                                                   |              |                                                  |               |              |                           | Fee (\$)       | Fee (\$)       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |              |                                                  |               |              |                           | 50             | 25             |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |              |                                                  |               |              |                           | 200            | 100            |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |              |                                                  |               |              |                           | 360            | 180            |
| Total Claims                                                                                                                                                                                                                                                                                                      | Extra Claims | Fee (\$)                                         | Fee Paid (\$) |              | Multiple Dependent Claims |                |                |
| 8                                                                                                                                                                                                                                                                                                                 | - 20 =       | x                                                |               |              | Fee (\$)                  | Fee Paid (\$)  |                |
|                                                                                                                                                                                                                                                                                                                   |              |                                                  |               |              |                           |                |                |
| Indep. Claims                                                                                                                                                                                                                                                                                                     | Extra Claims | Fee (\$)                                         | Fee Paid (\$) |              |                           |                |                |
| 2                                                                                                                                                                                                                                                                                                                 | - 3 =        | x                                                |               |              |                           |                |                |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |              |                                                  |               |              |                           |                |                |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |                                                  |               |              |                           |                |                |
| Total Sheets                                                                                                                                                                                                                                                                                                      | Extra Sheets | Number of each additional 50 or fraction thereof |               | Fee (\$)     | Fee Paid (\$)             |                |                |
|                                                                                                                                                                                                                                                                                                                   | - 100 =      | /50 (round up to a whole number) x               |               |              |                           |                |                |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |              |                                                  |               |              |                           |                |                |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |              |                                                  |               |              |                           | Fees Paid (\$) |                |
| Other (e.g., late filing surcharge): 1501 Utility issue fee                                                                                                                                                                                                                                                       |              |                                                  |               |              |                           | 1,400.00       |                |
| 1504 Publication fee for early, voluntary, or normal ...                                                                                                                                                                                                                                                          |              |                                                  |               |              |                           | 300.00         |                |
| 8001 Printed copy of patent w/o color                                                                                                                                                                                                                                                                             |              |                                                  |               |              |                           | 6.00           |                |

|                     |                |                                   |                  |
|---------------------|----------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                |                                   |                  |
| Signature           |                | Registration No. (Attorney/Agent) | 46,479           |
| Name (Print/Type)   | Robert P. Lord | Telephone                         | (713) 228-8600   |
|                     |                | Date                              | December 1, 2005 |

|                                                                                                                                                                                                                                                                               |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV710215420US, in an envelope addressed to: MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                               |
| Dated: December 1, 2005                                                                                                                                                                                                                                                       | Signature:  (Debra V. Wieser) |

Attorney Docket No.: 16159/062002; P5729

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV710215420US in an envelope addressed to:

**MS Issue Fee**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

on December 1, 2005  
Date

Delma V. Wissen  
Signature

32615  
PATENT TRADEMARK OFFICE

Debra V. Wieser

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600  
Telephone Number

**Note:** Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Letter (2 pages)  
 Fee Transmittal (1 page)  
 Part B - Fee(s) Transmittal (1 page)  
 Payment by credit card; Form PTO-2038 attached (1 page); charge  
 \$1,706.00 to credit card  
 Return Receipt Postcard